



FRANCIS LAUER PILOT PROJECT

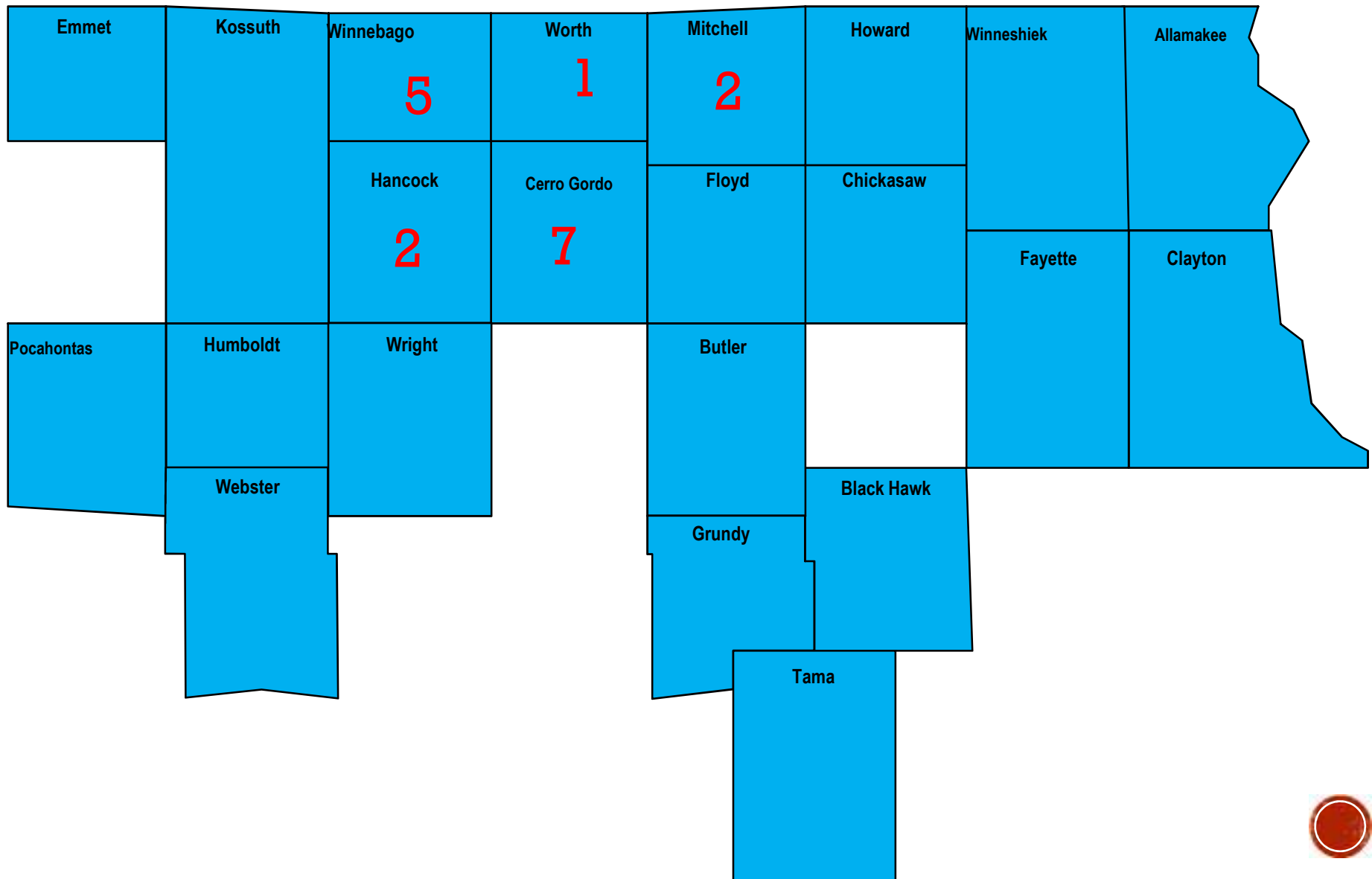
A Model of Children's Crisis Intervention and Stabilization

CHILDREN'S MENTAL HEALTH ISSUES ARE DIFFERENT FROM ADULTS

Children's mental health issues are different from adults mental health issues. For mental health issues, children often appear to have episodes (not chronic), which can become acute, even with treatment and services. Often what worked at 10 does not work at 14. For some children, their illness reveals itself symptom by symptom as the child gets older.



Where Were the Children From?

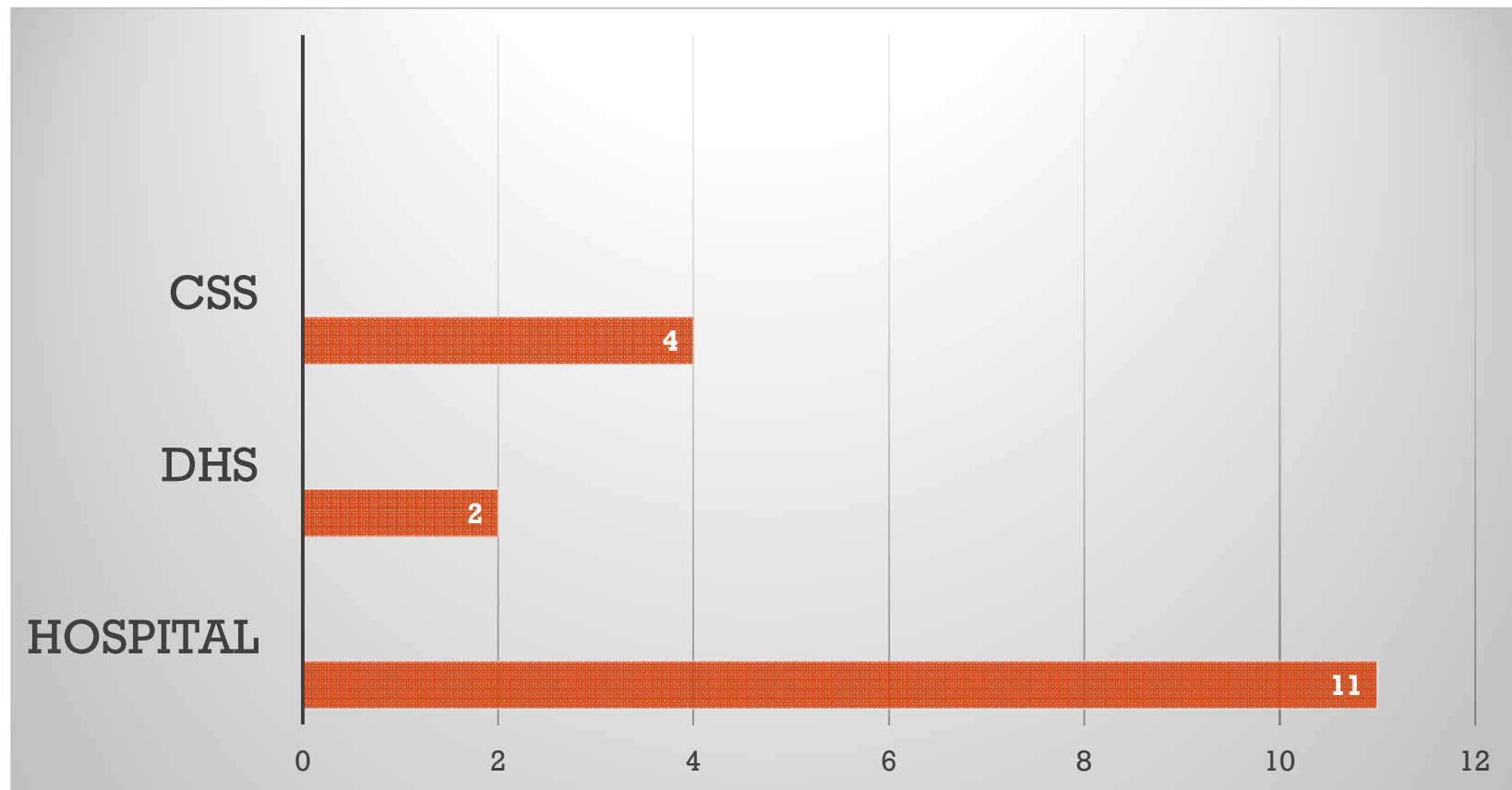


MH FOR CHILDREN IS PAINFUL

Mental health issues for children and teens are painful. The youth hurts and the family hurts. There is a long-term kind of hurt where the impact of the day to day care, support and advocacy takes its toll and the hurt when things zoom up into high intensity quickly.



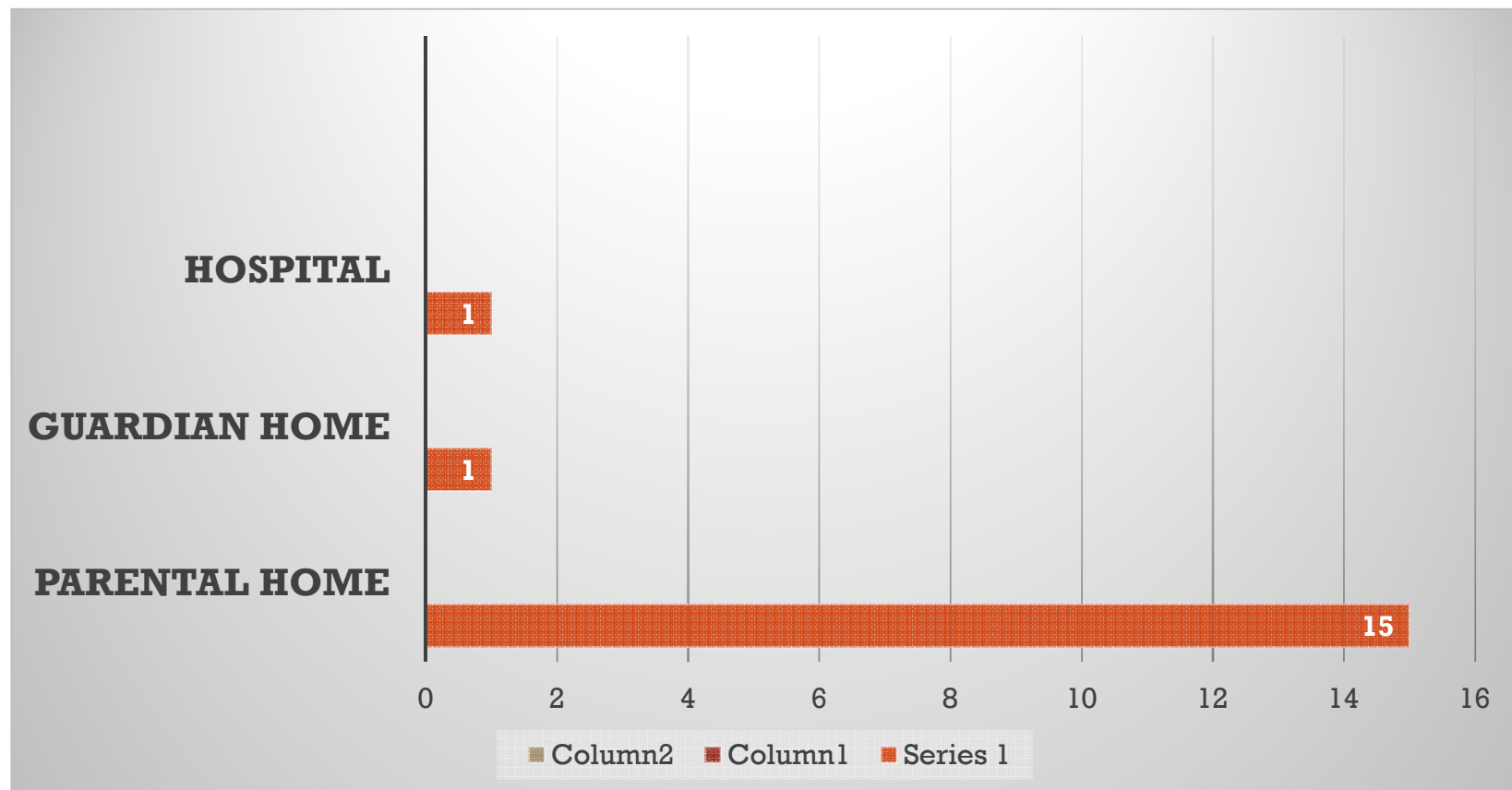
REFERRAL SOURCE



One of the more startling statistics was the number of hospitalizations in the short period of time for these young people. One girl was hospitalized five times in three weeks.



DISCHARGED TO



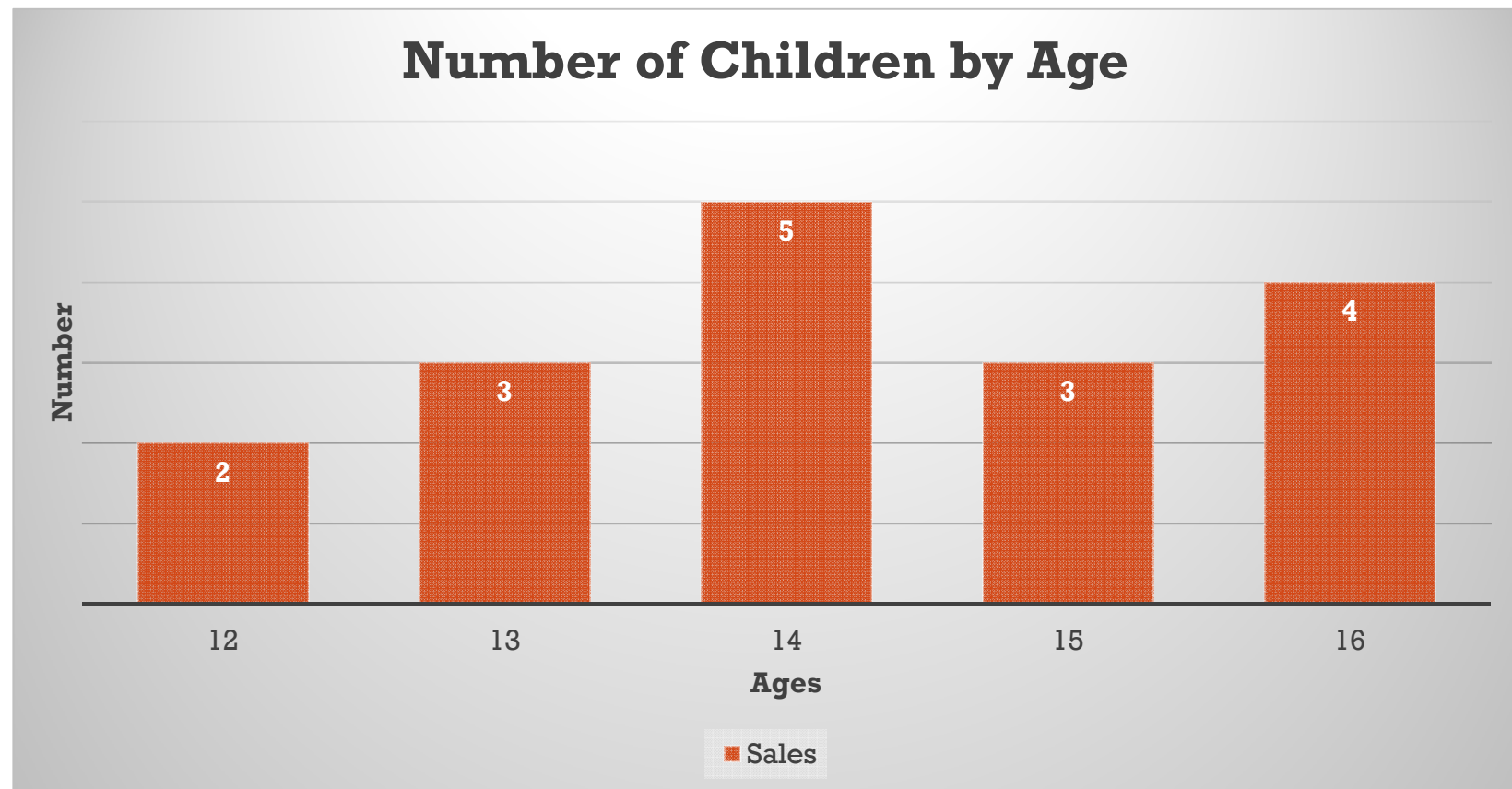
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Many of the children/adolescents who come to Francis Lauer Youth Services, have parents and/or families who are completely exasperated and not wanting the child in the home. They have come with referrals to Psychiatric Medical Institute For Children (PMIC) in hand and want only for their child to be sent for further intensive treatment.



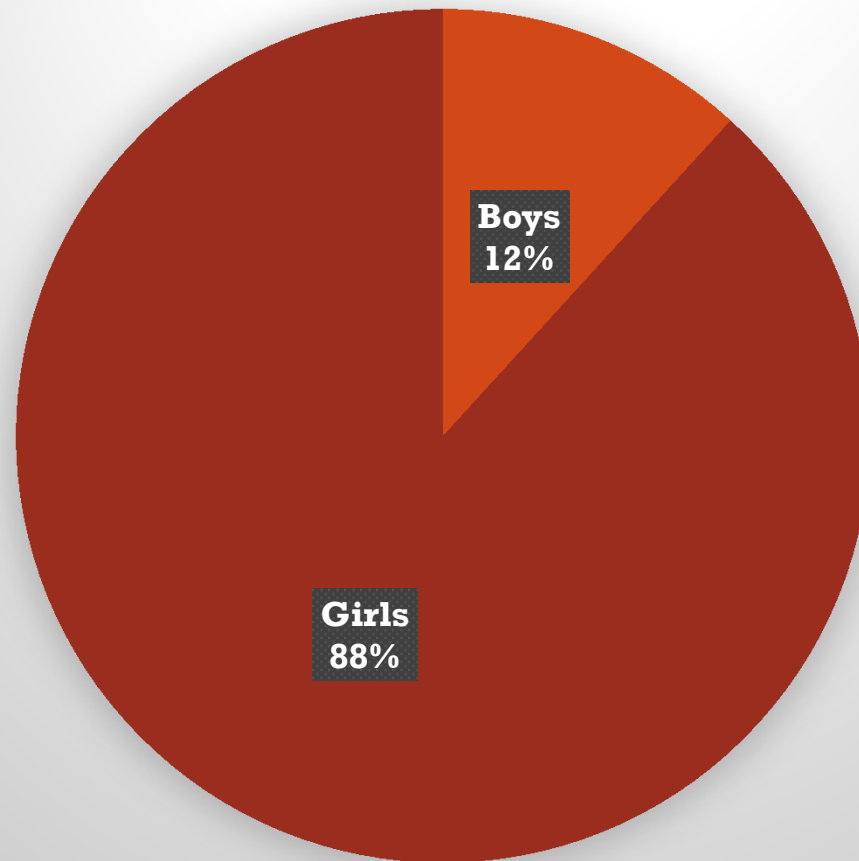
WHO ARE THE CHILDREN?



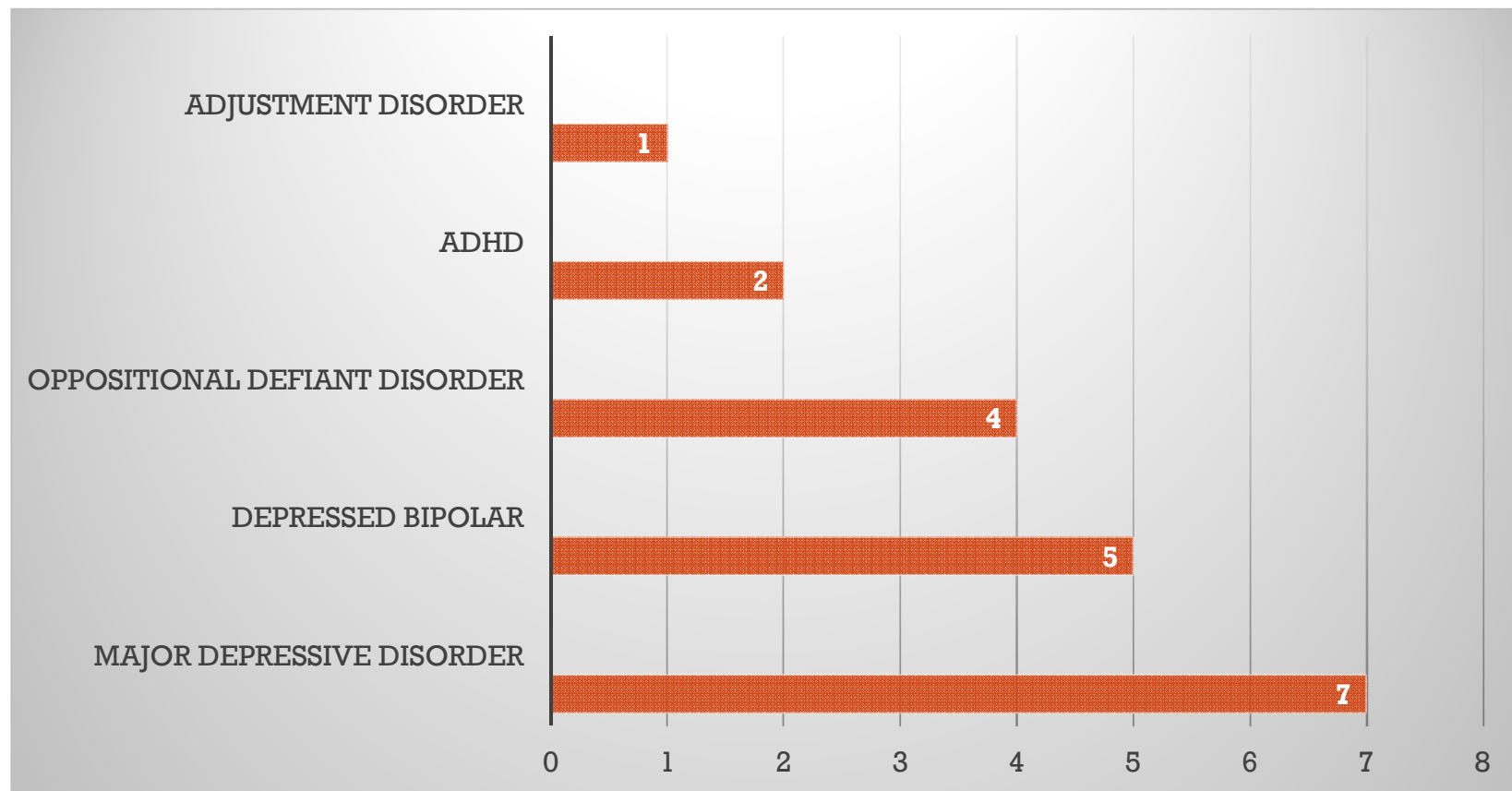
Crisis Stabilization requires parents to participate in family therapy along with individual therapy for the child with a licensed, clinical therapist. Parents have to agree to participate in the therapy weekly, with the therapist and weekly meetings with the in-home provider that will provide the aftercare after discharge. The therapy addresses family dynamics, trauma and the mental health concerns of the child and parents. The in-home counselor provides skill counseling to address parenting issues and family guidelines.



GENDER




DIAGNOSES UPON ADMISSION



The additional time for both the parents and child to be away from each other in a safe secure environment allows for the initial healing to begin. There is much pain in these families, for many it is generational with the parents having their own untreated mental health issues. The families are respected and treated with dignity and no judgment. Francis Lauer Youth Services (FLYS) incorporates The Nurtured Heart Approach® parenting system designed specifically for the intense, difficult child. As with all the clients served at FLYS, this provides an environment that is safe and non-judgmental.





15 CHILDREN ATTEMPTED SUICIDE UPON ADMISSION

6 children had multiple
attempts

5 children required medical
attention



One of the main premises of this program is that it is family focused. We believe that in order for the child to be whole and functioning, the family also needs to be involved in addressing the therapeutic issues. A child is often the “symptom” bearer of the family and a window into the pain within the family. Supporting the family and addressing the pain within the family produces healthy outcomes. Once the family develops trust, it is not unusual for family members to seek their own therapy, or, for the rest of the story of their pain to present in therapy. As research supports, the presenting problem is only the tip of the iceberg.



An example of this research would be a young person, who had been hospitalized on three different occasions for suicide attempts, exhibited oppositional-like behaviors and was initially uncooperative in Crisis Stabilization. There was a referral to PMIC. They were discharged from Crisis Stabilization and went home. They became aggressive with family, was sent to Detention and then back to Shelter. This time, there was court ordered. Again oppositional, but wanted to be here. During this time, they spoke of being sexually abused. This was the first time they had shared this abuse with anyone. They obviously felt safe and supported, which allowed them to share their pain and secret. They are now receiving treatment for the abuse and not her oppositional behavior. The oppositional behavior was their coping behavior and, in some cases, their safety net.



This story was repeated with many of the clients we have served. The clients present with hopelessness, anger and fear. Their lives have become unmanageable and they are crying for help. Unfortunately, often times the “help” they receive is more detention; removal from the home, which does not necessarily address the underlying pain of these individuals. Traditional ways of only working with the adolescent does not address the family pain and the negative patterns of behavior.



This program has allowed 16 of the 17 clients to return home with the support of the in-home provider, along with follow up with mental health providers.



FRANCIS LAUER PROJECT INVESTMENT

County	Cost	Clients	Cost/Client
Cerro Gordo	25,758	8	
Hancock	5,280	2	
Mitchell	13,114	2	
Winnebago	18,152	4	
Worth	3,869	1	
Total	\$66,173	17	\$3,892



SERVICE ARRAY

Service	Units	Clients	Average
Crisis Evaluation	17	15	1
Crisis Beds	219	15	14.6
Therapy	82	11	7.5
In-Home	93	13	7.2



Crisis Stabilization is an extremely successful program that addresses families and children's/adolescents' mental health needs. It is family based with strong community components that focuses on developing individual treatment goals for each child and his or her family. Crisis Stabilization is ready to expand in two major areas, the referral base and the number of counties served.



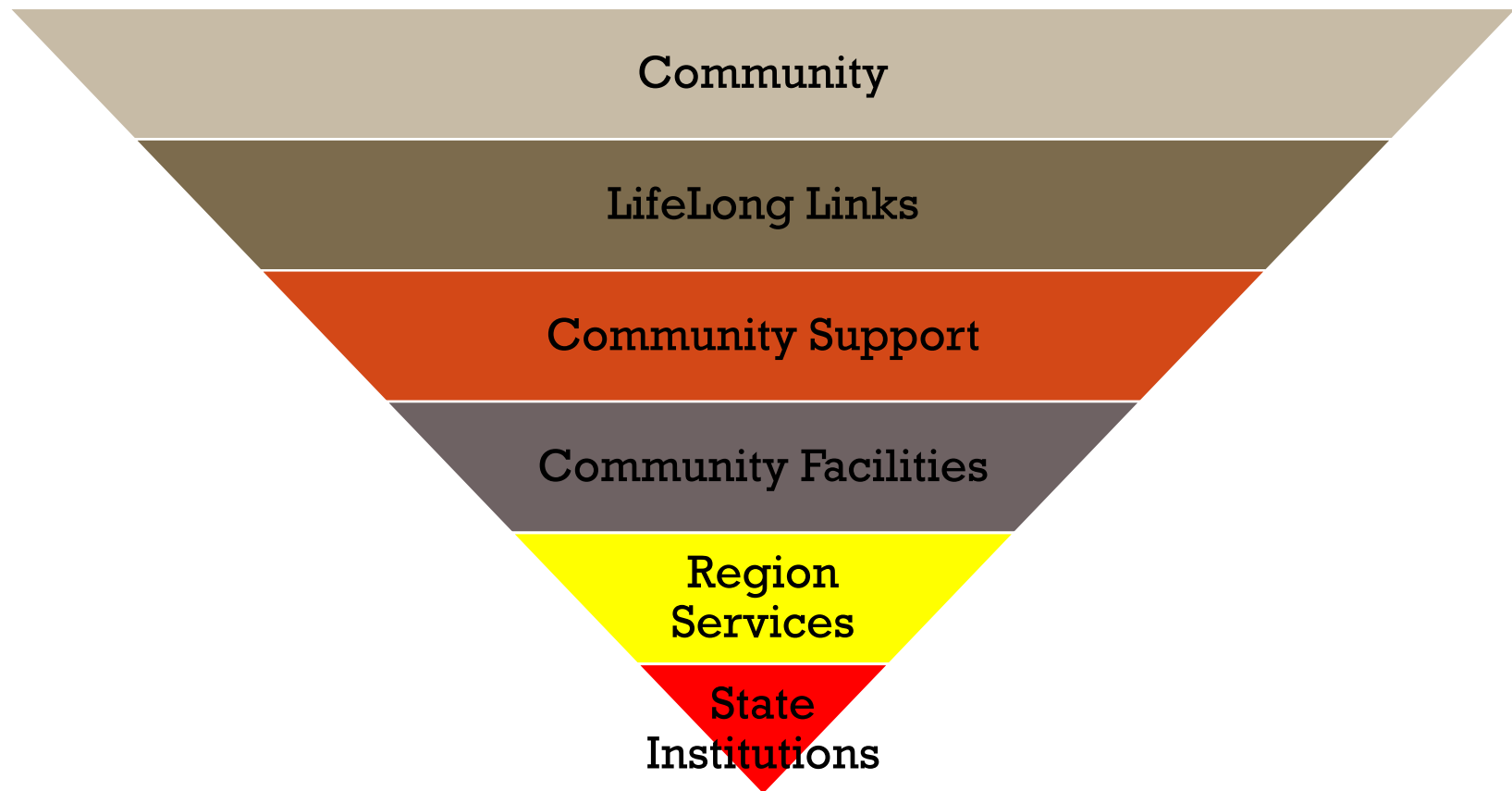
	FY15	Cost	Cost/Child
Opportunity Village	22	\$71,583	\$3,253

AUTISM CENTER

Another pilot project that ran in tandem to the Francis Lauer Project was the Opportunity Village Autism Center. This project targeted those families struggling to support their children with Autism. The two agencies collaborated with children that may have been better served by the other agency or jointly.



SUPPORT SYSTEM



QUESTIONS

